



OWNER'S CERTIFICATION

Minimum BMPs for All Construction Sites

Form
OC1

Project Name _____

Project Location _____

BUILDING/GRADING PERMIT NUMBER _____



Storm Water Treatment Certification

FORM
P2

Site Name and Address _____

Approximate Project* Characteristics

Roofted Area _____

sq. ft. _____



STORM WATER PLANNING PROGRAM PRIORITY DEVELOPMENT/REDEVELOPMENT PROJECTS

Form
P1

Project Name _____

Project Location _____

Company Name _____

Address _____

Contact Name / Title _____

Phone / FAX/Email _____

General Project Certification

*A completed original of this form must
accompany all SUSMP submittals*



STORM WATER PLANNING PROGRAM PRIORITY PROJECT CHECKLIST

FORM
PC

Project Name	Owner Name	Developer Name
Project Address	Owner Address	Developer Address
Check/Tract Number	Owner Phone	Developer Phone

Part 1 - Type of Project

Does the proposed project fall into one of the following categories?	Yes	No
1) Ten or more unit homes, including single and multiple family homes, condominiums, apartments etc.*		
2) An industrial or commercial development with one acre or more of land disturbing activities*		
3) An automotive service facility		